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Chapter 9

Interleukin-7

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INTRODUCTION

Interleukin-7 (IL-7) is an exceptional cytokine, as it mediates lymphopoiesis in mice in a non-redundant fashion. In contrast, targeted gene deletion of other cytokines, including IL-2, IL-4 or IL-10 (Schorle et al., 1991; Kuhn et al., 1991, 1993), revealed that these cytokines are not essential for development and proper function of B or T lymphocytes. IL-7 is secreted by both immune and non-immune cells and appears not only to be involved in the development of an effective immune system, but also in the generation and maintenance of strong and effective cellular immune responses directed against cancer cells, or infectious diseases. IL-7 appears to serve as the major growth and differentiation factor for both thymic and extrathymic development of $\gamma \delta^+$ T lymphocytes. IL-7 promotes immune effector functions in T lymphocytes, natural killer (NK) cells and monocytes-macrophages, and modulates the quantity and quality of immune responses in vitro and in vivo. The availability of IL-7 targeted gene-deleted mice, or IL-7 transgenic animals, allowed a more detailed study of the physiology and pathophysiology of the paracrine and systemic effects of IL-7. The use of IL-7 in the treatment of different diseases, including immunodeficiency disorders and malignancy, suggests that IL-7 may facilitate a number of therapeutic endeavors including bone marrow and organ transplantation, cancer immunotherapy and the treatment of infectious diseases.

CLONING AND PURIFICATION

Following the development of techniques for studying bone marrow cultures, it was apparent that B-cell maturation occurred in the presence of bone marrow stromal cells, suggesting the existence of a growth and/or maturation enhancing cytokine (Hunt et al., 1987). Namen and coworkers subsequently demonstrated that conditioned medium from stromal cell cultures stimulated the growth of B-cell precursors. They immortalized a stromal cell line by transfecting it with the plasmid pSV3neo (encoding both the large and small T antigens of SV40) and isolated a clone (I × N/A6) which produced a factor initially called lymphopoietin-1 (LP-1) that stimulated the growth of B-cell precursors.

Conditioned medium from the growth of this clone was then purified. High-performance liquid chromatography column fractions containing LP-1 bioactivity were isolated. A single unit of LP-1 activity is that causing half maximal ${}^{3}H$ -TdR incorporation in a culture of precursor B cells (LP-1 bioassay). At this stage of purification it was clear that several proteins were present in the fraction that could account for the biologic activity. Additional sodium dodecyl sulfate-polyacrylamide gel electrophoresis analysis under non-reducing conditions associated bioactivity with a protein of 25×10^{3} Da, substantiated by 125 I-labeled LP-1 binding experiments. The purified protein exhibits a specific activity of approx. 4×10^{6} units/ μ g of protein and is active at a half-maximal concentration of 10^{-13} M (Namen et al., 1988b).

The same murine stromal cell clone provided a cDNA library which was screened for LP-1 activity following expression in COS-7 cells. A clone (1046) was identified that was associated with high biologic activity (Fig. 1). The sequence contains a 548 base pairs (bp) 5' non-coding region which may be involved in expression regulation, as its removal results in increased COS cell expression of protein. The sequence includes a 462 bp open reading frame and a 579 bp 3' non-coding region containing a consensus polyadenylation signal and terminating in 15 adenine residues. Purified protein was subjected to N-terminal analysis, which suggested that the nucleotide sequence from clone 1046 codes for the same protein identified in the biologic assay; the protein was designated IL-7. The mature protein has a 25-amino-acid leader sequence followed by 129 amino acids with two N-linked glycosylation sites and six cysteine residues which may be involved with intramolecular disulfide bond formation. The importance of disulfide bond formation is suggested by loss of activity following treatment with 2-mercaptoethanol, which breaks disulfide bonds.

The calculated molecular weight of IL-7 is 14.9 kDa. The disparity between calculated molecular weight and that predicted by migration of the native protein may be accounted for by glycosylation (Namen et al., 1988a,b). Two such N-linked glycosylation sites in murine IL-7 are located at amino acids 69 and 90 (Namen et al., 1988a). IL-7 mRNA has been detected in murine thymus, spleen, kidney and liver by Northern blot analysis. Interestingly, although message was present in thymus and spleen, no biologic activity could be detected in these tissues.

Goodwin and colleagues characterized human IL-7 by nucleic acid hybridization of cDNA prepared from a hepatocarcinoma cell line (SK-HEP-1, ATCC HTB 52) with the murine IL-7 probe. There is considerable homology between the two IL-7 nucleotide sequences (81% in the coding region) and up to 60% amino acid homology, with all six cysteine residues being conserved (Goodwin et al., 1989). The human IL-7 gene contains six exons over 33 kilobases (kb) (Lupton et al., 1990). The human IL-7 cDNA is composed of 534 nucleotides encoding a protein of 177-amino-acid residues with a signal sequence of 25-amino-acid residues and three potential N-linked glycosylation sites (Goodwin et al., 1989). There is a 19-amino-acid insert for human IL-7 (coded for by exon 5 in the human genome) which does not exist in murine IL-7 (Fig. 1) and appears not be essential for biologic IL-7 activity using a proliferation assay of progenitor B cells (Goodwin et al., 1989). Additionally, an apparently alternatively spliced human IL-7 mRNA lacking the entire exon 4 (44-amino-acid residues) was isolated from the SK-HEP-1 line, which results in loss of the capability to stimulate proliferation of murine progenitor B cells. Human recombinant IL-7 is active on murine and human B-cell progenitors. In contrast, murine IL-7 acts only on murine, but not on human cells.

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Amino acid sequences of human and murine IL-7. The hIL-7 gene codes for a 173-amino-acid molecule (top sequence). A differentially spliced IL-7 mRNA has Both the entire IL-7 mRNA and the alternatively spliced IL-7 mRNA have been identified reproducibly in chronic lymphatic B-cell leukemia (Frishman et al., 1993), in initially been identified (middle sequence) by probing a cDNA library derived from a human hepatocellular carcinoma cell line, with the mIL-7 cDNA by nucleic acid iollicular dendritic cells (Kröncke et al., 1996a.b) and in renal cell cancer (authors' unpublished observations). The mIL-7 cDNA (bottom sequence) lacks a region that functions in conventional assay systems. Human and murine IL-7 exhibit up to 81% sequence homology with regard to the nucleotide sequence and up to 60% homology hybridization (Goodwin et al., 1989, Lupton et al., 1990). The alternative IL-7 transcript lacks exon 4 coding for 132 bp, thereby reducing the protein by 44 amino acids codes for 19 amino acids and would correspond to exon 5 of the human IL-7 gene (Namen et al., 1988a). The lack of exon 5 apparently does not impair biologic IL-7 in amino acid residues. The leader peptide is shaded.

receptor structure on T cells according to their state of activation, an observation that may account for differential IL-7-induced signaling events in T cells (Foxwell et al., 1992; Lin et al., 1995). The expression of the 90-kDa IL-7R is stimulated by IL-7, ionomycin and phorbol esters, and inhibited by cyclosporin A and FK506 (Foxwell et al., 1993). Expression of the 90-kDa receptor on freshly isolated human T cells could not be increased with phytohemagglutinin (PHA), concanavalin A or CD3 (Armitage et al., 1992a,b). Interestingly, activation of peripheral blood mononuclear cells (PBMCs) with anti-CD3 results in a fourfold downregulation of IL-7 receptors (high and low affinity) (Foxwell et al., 1992). These findings have recently been substantiated by the observation that IL7R α - γ c chain complexes are detectable in activated, but not in resting, T cells, independent of total cell surface γ c chain expression. Thus, stimulation of T cells may lead to assembly of IL7R α - γ c chain complexes, which correlates with JAK3 expression (Page et al., 1997).

However, as IL-2 or IL-4 gene-deleted mice do not exhibit severe defects in T-cell differentiation, such as those observed in either IL-7 or IL-7R α gene-deleted mice, IL-7 may account for most of the immunologic defects observed in murine models of the X-SCID defect associated with defects of the common γ c chain receptor unit (Takeshita et al., 1992; Noguchi et al., 1993; DiSanto et al., 1994; Leonard et al., 1994). The X-SCID defects can also be observed in humans (Lai et al., 1997).

In unstimulated human T cells, the p90 IL-7R is constitutively associated with the Src kinase enzymes p59^{fyn} and p56^{lck} (Page et al., 1995). IL-7 binding the p90 IL-7R leads to both increased p59fyn and p56lck levels in stimulated and unstimulated T cells (Page et al., 1995). Signaling via the p90 IL-7R also leads to increased activity of the Src kinase, suggesting that activation of p59^{fyn} and p56^{lck} is not exclusively responsible for IL-7driven T-cell proliferation and that other signaling events (e.g. mediated through the yc chain) may be required (Page et al., 1995). However, targeted gene deletion for p59fyn in mice did not show a major impact on lymphopoiesis (Stein et al., 1992; Grabstein et al., 1993; Sudo et al., 1993). In contrast, in p56^{lck} gene-deleted mice, a thymocyte maturation block at the double negative state could be observed (Molina et al., 1992). However, similar effects could not be detected in CD4, CD8, or IL-2 gene-deficient deleted mice. These observations suggest that p56lck is also involved in the signaling pathways (Fung-Leung et al., 1991; Schorle et al., 1991). Thus, the observed effects of p56lck on lymphopoiesis may be attributed to the lack of IL-7-driven p56^{lck}-mediated cellular responses. IL-7-mediated phosphatidylinositol-3 (PI-3) kinase activation induced by tyrosine phosphorylation of the PI-3 kinase p85 subunit appears to be to essential to the IL-7 proliferative signal (Sharfe et al., 1995). A different protein tyrosine kinase, termed pim-1, may also be involved in IL-7-mediated signaling, as IL-7-mediated pre-B-cell expansion is decreased in pim-1-deficient mice (Domen et al., 1993).

IL-7 activates members of the Janus (JAK) family of non-receptor tyrosine kinases, JAK1 and JAK3 (Russell et al., 1994; Zeng et al., 1994; Musso et al., 1995), which are both activated by γc chain-sharing cytokines including IL-2, IL-4 and IL-9. These kinases may serve as the signal transduction pathway to the nucleus by phosphorylation and activation of signal transducers and activators of transcription (STATs). IL-7 has been shown to activate STAT1, STAT3 and STAT5 (Zeng et al., 1994; Lin et al., 1995; van der Plas et al., 1996; Perumal et al., 1997) by interacting with an area spanning the tyrosine residue 409 at the C-terminal end of the IL-7R (Lin et al., 1995). Thus, at least several alternate signal transduction pathways (e.g. p56^{lck}, p59^{fyn}, JAKs, STATs) may be

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operational in IL-7-responsive cells (e.g. T cells, epithelial cells). It is possible that IL-7 may exert its functions in a cell- or tissue-specific manner dependent on differential activation of the IL-7R signalling transduction pathway(s). For instance, recent data suggest that the IL-7 receptor complex delivers signals of different quality to lymphoid progenitor cells during rearrangement of the antigen receptors (reviewed in Candeias et al., 1997a). First, the IL-7Ra mediates a 'trophic' or 'maintenance' effect regarding cell viability during gene rearrangement. Earlier studies showed that immature thymocytes undergo apoptosis when separated from the thymus. IL-7 is capable of sustaining these cells without inducing significant cell proliferation (Watson et al., 1989). These antiapoptotic effects delivered by the IL-7Ra can also be observed in mature lymphoid cells (Komschlies et al., 1994) and may be attributed to the induction of Bcl-2 members (Hernandez-Caselles et al, 1995; Lee et al., 1996; Vella et al., 1997). However, other Bcl-2-related proteins, inducing Bcl-x_L or Bcl-w, or other as yet ill-defined antiapoptotic factors, may also be involved, as bcl-2 knockout (-/-) mice exhibit a different picture concerning T-cell development compared with alterations identified in IL-7R $\alpha^{-/-}$ mice (Veis et al., 1993; Matsuzaki et al., 1997).

Second, the IL-7R α may also deliver 'mechanistic' signals required for gene rearrangement. IL-7R $\alpha^{-/-}$ mice exhibit impaired γ gene rearrangement (Maki et al., 1996; Candeias et al., 1997b). The same was found to be true for IL-7R α -mediated signals, required for immunoglobulin (Ig) heavy chain and TCR β -chain rearrangement (Corcoran et al., 1996; Crompton et al., 1997). However, it appears that alternate strategies concerning the IL-7R α -mediated function may operate in gene rearrangement: the TCR γ -chain rearrangement appears to be dependent on IL-7-mediated signals. Ig heavy chain and TCR- β chain rearrangement requires IL-7, but not absolutely. The TCR δ rearrangement may not be exclusively IL-7 dependent, as IL-7R $\alpha^{-/-}$ mice exhibit δ -chain rearrangements in vivo (Corcoran et al., 1996; Candeias et al., 1997a,b; Oosterwegel et al., 1997; Peschon et al., 1997).

Such effects may derive from several factors. First, IL-7 induces RAG-1 (recombinant activation gene) and RAG-2 expression (Muegge et al., 1993). IL- $7R\alpha^{-/-}$ mice exhibit decreased RAG expression in double-negative, but not in double-positive, cells (Crompton et al., 1997). Therefore, decreased recombinase activity may affect recombinatorial events in distinct thymic cells. Second, IL- $7R\alpha$ -mediated signals may be required to prevent untimely apoptosis in thymocytes. It has been suggested that IL- $7R\alpha$ -mediated signals may unmask genes associated with proliferation and antiapoptotic properties (Peschon et al., 1997). This is substantiated by the observation that peripheral T cells in IL- $7R\alpha^{-/-}$ mice undergo apoptosis upon stimulation (Maraskovsky et al., 1996). However, future studies may address in greater detail the antiapoptotic properties and the effects of IL- $7R\alpha$ -mediated signals on gene rearrangements in immune cells.

IL-7 AND B LYMPHOCYTES

The most compelling evidence that IL-7 represents an important lymphopoietin and possibly one with clinical importance comes from a number of *in vivo* investigations. IL-7 administration to normal mice ($5\mu g$ twice daily for 4–7 days) results in a two-to five-fold increase in the number of peripheral and splenic white cells with no significant change in bone marrow cellularity. Analysis of the bone marrow showed an

increase in B-cell precursors (B220⁺, secretory immunoglobulin (sIg)⁻) with a concurrent decrease in 8C5 and MAC-1 cells (myelomonocytic marker positive) (Damia et al., 1992).

A general scheme for B-cell maturation is outlined in Table 1. For purposes of clarity, the nomenclature of Hardy and coworkers, defining the early stages of differentiation of murine B cells, has been adapted. These cells can be identified in liver or bone marrow and are divided into distinct classes (A-F) based on cell surface marker expression (Hardy et al., 1991; Li et al., 1993). Adult stem cells develop into 'conventional' B2 cells. Fetal liver stem cells are capable of differentiating into B1 cells, which persist in adult animals, reside primarily into the peritoneal cavity and stain positively for the CD5 antigen. The role of B1 and B2 cells in the context of IL-7 is discussed further below in the section entitled 'IL-7 and antimicrobial immune responses'. The early stages of B-cell development will occur in the bone marrow in response to stromal cell contact and cytokines. Hematopoietic stem cells (HSCs) of the adult bone marrow have been characterized by cell surface marker analysis. HSCs can be derived from murine bone marrow using the CD34 (sialomucin) antibody; other cell surface markers include the antigens CD4, major histocompatibility complex class I, ER-MP12 and AA4.1 (Katz et al., 1985; Berenson et al., 1988; Szilvassy et al., 1989; Wineman et al., 1992; Orlic et al., 1993; Slieker et al., 1993; Szilvassy and Cory, 1993).

Additionally, B-cell differentiation may be defined by DJ or VDJ rearrangement (see Table 1; Hardy et al., 1991; Hardy and Hayakawa, 1991). The antigen receptors of B cells (and those of T cells) are encoded in the germline by individual DNA segments, termed V, D and J, which are joined during lymphocyte differentiation. This process (VDJ recombination) is initiated by the RAG-1 and RAG-2 proteins, which act together at the junctions between the coding segments and the recombination signal sequence to produce two types of DNA ends: a signal end (terminating in a blunt double-stranded break) and a coding end, which terminates in a DNA hairpin. The involvement of double-stranded DNA cleavage has suggested that this process is linked to the cell cycle; several lines of evidence indicate that the initiation of VDJ recombination takes place in the G₀-G₁ phase of the cell cycle (Oettinger et al., 1990; Lewis, 1994). IL-7 appears to sustain expression of the RAG-1 and RAG-2 genes (Muegge et al., 1993). The precise mechanism of this process is ill defined. However, more recent data suggest that IL-7 does not alter RAG mRNA levels, but rather affects post-transcriptional regulatory mechanisms. Alternatively, other as yet undefined IL-7responsive gene products may additionally be involved, as IL-7 appears to be required for induction as well as for maintenance of VDJ recombination. In contrast, IL-7 reduces VDJ recombinatorial events in pre-B cells (Dobbeling, 1996).

To discriminate progenitor cells from cells that are already committed to the B-cell lineage, Hardy and coworkers recently investigated bone marrow stromal cells for expression of the B-cell lineage marker B220 and HSA in combination with the CD4 and AA4.1 markers (Li et al., 1996). The latter marker is expressed on HSCs, B-cell—myeloid progenitors and early B-cell lineage cells (McKearn et al., 1985; Loken et al., 1988; Cumano and Paige, 1992). About 50% of the B220⁺, CD43⁺ and HSA⁻ cells (formerly termed A) stained positive for AA4.1 expression (Li et al., 1996). This cell population was capable of proliferating on a stromal cell layer, indicating that it may indeed represent B-cell lineage precursors. Thus, the earlier designation of fraction-A B cells had to be revised. Two AA4.1 fractions (A₁ and A₂) appear to represent the

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Table 1. IL-7 in B-cell lineage commitment. Cell surface marker expression, V(D)J rearrangement according to Hardy and Hayakawa (1991), Hardy et al. (1991), Kitamura et al. (1991, 1992), Peschon et al. (1994), von Freeden-Jeffrey et al. (1995) and Li et al. (1996).

Classification	Characteristic cell surface markers	Expression of antigen receptors	IL-7 responsiveness	Anatomic compartment
Pre-pro-B cells: A ₀	B220 ⁻ , CD43 ⁺ , AA41 ⁺ , CD4 ^{low+}	A ₀ cells may not yet be lineage committed		Bone marrow
Pre-pro-B cells: A ₁	B220 ⁺ , CD43 ⁺ , AA41 ⁺ , CD4 ^{low+}			Bone marrow
Pre-pro-B cells: A ₂	B220 ⁺ , CD43 ⁺ , AA41 ⁺ , CD4 ^{low} ⁻	Dependent on stromal contact for growth; immunoglobulin genes in germline configuration	Not IL-7 responsive	Bone marrow
Early pro-B cells: B	B220 ⁺ , CD43 ⁺ , AA41 ⁺ , CD4 ^{low-} , CD19 ⁺ upregulation of heat-stable antigen(HSA)	DJ rearrangement	Growth in response to IL-7 and stroma	Bone marrow
Late pro-B cells: C	B220 ⁺ , CD43 ⁺ , HSA ⁺ , CD19 ⁺	VDJ rearrangement has occurred	IL-7 response in the absence of stroma	Bone marrow, periphery
Pre-B cells: D	B220 ⁺ , CD19 ⁺ , downregulation of CD43 expression		IL-7 alone may stimulate the <i>in vitro</i> growth of early pre-B cells, but not late pre-B cells. Development of the small resting B cells requires membrane-bound immunoglobulin heavy chain, λ5 and IL-7	Bone marrow, periphery
Immature B cells: E	B220 ⁺ , CD43 ⁻ , CD19 ⁺	Light chain rearrangement and detection of IgM on the cell surface (slgM)		Bone marrow, periphery
Mature B cells: F	B220 ⁺ , CD43 ⁻ , CD19 ⁺	Encounter of antigen in association with T-cell help may lead to proliferation. Somatic hypermutation of immunoglobulin genes. In response to cytokines, mature B cells undergo immunoglobulin class switching		(Bone marrow) periphery

earliest stages of B-cell lineage development. The B220⁻, AA4.1⁺, CD4^{low} fraction has been designated as A₀ cells and appears to represent yet uncommitted progenitor cells. However, these 'earliest' stages identified in B-cell development will have to be characterized for activity of B-cell differentiation factors, such as IL-7, kit ligand (Flanagan and Leder, 1990; Williams et al., 1990) and flk2/flt3 ligand (FL) (Matthews et al., 1991; Rosnet et al., 1991). More recent studies have in part addressed this issue. IL-7 does not support in vitro growth of cells of the granulocytic-monocytic or erythroid lineage, but does stimulate eosinophil colony formation. This activity can be abolished by anti-IL-5 antibody treatment, suggesting that IL-7 acts by stimulating release of IL-5 or that potentially IL-5 represents an obligate cofactor (Vellenga et al., 1992).

The growth factor combination of IL-11 and mast cell growth factor (MGF) supports bipotential progenitor cells to commit either to the B or to the macrophage lineage (Kee and Paige, 1996). Single-cell cloning assays suggest that IL-7 does not act directly to determine whether cells commit to the B-cell or macrophage lineage. However, bipotential cells respond to IL-7 by an increase in number, and IL-7 added to the IL-11-MGF mixture promotes expression of mRNA transcripts coding for B cell-specific genes (Kee and Paige, 1996). Furthermore, the growth factor combination of IL-11-flt3 ligand-IL-7 appears to maintain the potential of bipotential precursors (Ray et al., 1996). Yet, in a different report, uncommitted Lin-SCA-1+ (SCA, stem cell antigen) bone marrow progenitor cells were shown to differentiate into B220+, CD43+, HSA+ B cells (without expressing cytoplasmic μ heavy chain or sIgM) using a combination of flt3 ligand and IL-7 which proved to be superior in driving B-cell differentiation compared with the combination of stem cell factor and IL-7; the latter combination leads to the production of mature granulocytes (Veiby et al., 1996a,b).

Concerning already committed B cells, early pro-B cells require a combination of IL-7 and factors provided by stromal cell layers; late pro-B cells are capable of proliferating in IL-7 without stromal cell support. The same has been found for early pre-B cells, but probably not for late pre-B cells (Hardy et al., 1991; Hardy and Hayakawa, 1991). IL-7-mediated effects in B-cell differentiation may in part be mediated by regulation of the

G₁-S transition of the cell cycle (Yasunaga et al., 1995).

Rearrangement of κ light chains and sIgM expression correlates with IL-7R α downregulation and therefore IL-7 unresponsiveness (Cumano et al., 1990; Park et al., 1990; Era et al., 1991; Henderson et al., 1992). In μ -chain transgenic animals, there is a reduction in the IL-7- and stromal cell-dependent cell population. In animals with a κ -chain transgene, an increase in IL-7-dependent cell populations could be observed. Expression of cytosolic μ chain promotes differentiation to an IL-7-dependent stage. The μ chain-positive cells with a functional light chain gene become IL-7 unresponsive. These results imply that B-cell precursors are driven to the next stage of differentiation by functional immunoglobulin molecules provided by the transgene (Era et al., 1991).

The most precise data concerning the role of IL-7 in B-cell development are provided from IL-7 $^{-/-}$ or IL-7R $\alpha^{-/-}$ mice. B lymphopoiesis in bone marrow appeared to be blocked at the transition to pre-B cells (see Table 1). IL-7 $^{-/-}$ mice were blocked in the transition between the pro-B (fractions B/C B220 $^+$ /IgM $^-$ /S7 $^+$ /HSA $^+$) to the pre-B-cell population (fraction D, B220 $^+$, IgM $^-$, S7 $^-$, HSA $^+$). Thus, differentiation and maturation of B-C fraction B cells to fraction D appears to be IL-7 dependent (Von Freeden-

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Jeffrey et al., 1995; Moore et al., 1996). However, IL-7 receptor (IL-7Rα) gene-deleted mice show a block in B-cell development at the transition of pre-pro-B cells (formerly fraction A) to pro-B cells (fraction B) (Peschon et al., 1994). This may be due to the action of other growth factors, potentially the thymic stroma-derived lymphopoietin (TSLP) (Friend et al., 1994; Peschon et al., 1994) or flt3 ligand (Namikawa et al., 1996). Application of IL-7 neutralizing monoclonal antibodies of mice resulted in a similar Bcell maturation blockade to that observed in IL-7Ra knockout animals, but not to the Bcell maturation blockade observed in the IL-7 gene-deleted animals (Grabstein et al., 1993; Peschon et al., 1994). One potential explanation is that other cytokines (e.g. TSLP) may utilize the IL-7 receptor as well. Other cytokines, including TLSP, stem cell factor (SCF)/c-kit or flk2/flt3 ligand (Veiby et al., 1996a,b), may synergize with IL-7 to regulate B-cell development. The SCF-kit ligand, which represents a growth factor for myeloid and erythroid progenitor cells, synergizes with IL-7 in stimulating B-cell precursor cells (McNiece et al., 1991; Billips et al., 1992; Funk et al., 1993). However, some cytokines appear to counteract the IL-7-mediated effects. For instance, IL-1\alpha (Suda et al., 1989), IFN- γ (Garvy and Riley, 1994) and transforming growth factor- β (TGF- β) (Lee et al., 1989) are able to inhibit IL-7-mediated B-cell precursor growth.

Additionally, a number of genes involved in B-cell development may be upregulated by IL-7, including n-myc, c-myc (Morrow et al., 1992), CD19 (Wolf et al., 1993), the precursor lymphocyte-specific regulatory light chain (PLRLC) (Oltz et al., 1992) and the aminopeptidase BP-1/6C3. Incubation with IL-7 is associated with an increase in 6C3Ag expression by pre-B cells, but not mature B cells. The BP-1/6C3 molecule is expressed by early B-lineage cells and some stromal cells, and represents a type II integral membrane glycoprotein that belongs to the zinc family of metallopeptidases (Sherwood and Weissman, 1990).

In humans, IL-7 does not stimulate proliferation of B-cell lineage cells expressing CD24 (heat-stable antigen). Human pro-B cells but not pre-B cells respond to IL-7 (Ryan et al., 1994; Dittel and LeBien, 1995); this is in contrast to the data for murine cells which suggests that species-specific differences in mode of action exist between humans and mice (Tushinski et al., 1991). This human-rodent dichotomy exists for other cytokines—perhaps most notably IL-4.

In general, human HSC commitment and differentiation has not been as extensively characterized as that of the murine system. However, recent data suggest that certain stages of human B-cell development may not necessarily depend on the presence of IL-7. Using a human bone marrow stromal cell culture system, human HSC CD34 cells underwent commitment, differentiation and expansion into the B-cell lineage as defined by loss of CD34, increased CD19 cell surface expression, and appearance of μ/κ or μ/λ cell surface immunoglobulin receptor expressing immature B cells. This was not significantly influenced either by exogenously added IL-7 or by addition of anti-IL-7 neutralizing antibody (Prieyl and Le Bien, 1996). The implementation of the flt3 ligand in combination with IL-7 or IL-3 using human fetal bone marrow-derived CD34 CD19⁺ pro-B cells in a stromal cell-independent and serum-deprived culture system revealed that flt3 ligand, like IL-3, synergizes with IL-7 in promoting B-cell growth and differentiation of the majority of cells into CD43⁻, CD19⁺, c (cytoplasmic) IgM⁺, sIgM pre-B cells; a minority of pro-B cells matured into sIgM B cells (Namikawa et al., 1996). However, the precise role of IL-7 in human B-cell commitment and differentiation has to be analyzed further.

IL-7 AND T LYMPHOCYTES

IL-7 added to murine fetal thymic organ cultures (day 13) causes a preferential. expansion of immature cells exhibiting the CD4⁻, CD8⁻CD3⁻, CD2⁻, SCA-1⁺ phenotype. Cells expressing $\gamma \delta^+$ TCR are increased and the number of $\alpha \beta^+$ TCRs is decreased. Neutralizing anti-IL-7 antibody inhibits growth of fetal thymocytes (Leclercq et al., 1992; Plum et al., 1993). In vitro culture of human fetal thymocytes in recombinant IL-7 results in the proliferation of CD4⁺ and CD8⁺ thymocytes and partial differentiation of thymocytes with preferential expansion of the CD4⁺ CD8⁻ population (Uckun et al., 1991). IL-7 promotes the growth of pre-T cells from fetal liver at day 14 and promotes the expression of TCR- γ , α and β genes (Appasamy, 1992). IL-7 mRNA can be detected in the fetal thymus as early as day 12, peaking at day 15 (Wiles et al., 1992). IL-7 stimulates the generation of CD3⁺ cells from human bone marrow cultures, with the production of both CD4⁺ and CD8⁺ populations (Tushinski et al., 1991). These results suggest that IL-7 may be produced locally in the thymic and bone marrow microenvironments and that it plays a role in the proliferation and potential differentiation of immature T cells (Watanabe et al., 1992). Similar studies have indicated that IL-7 induces the proliferation and maintenance of T-lymphocyte numbers, but not T-cell differentiation. However, with the advent of IL-7, or IL-7R α gene-deleted mice, several central questions concerning the role of IL-7 in lymphopoiesis could be addressed in

The macroscopic examination of IL-7^{-/-} mice indicated apparently normal development of both fertile sexes. The lymphatic organs or tissues, including thymus and spleen, were dramatically reduced in size and the peripheral lymph nodes and immune cells within Peyer's patches were not detectable (Von Freeden-Jeffrey et al., 1995). Accordingly, the reduced white blood count in IL-7 gene-deleted mice appeared to be due to an absolute reduction in lymphocytes. However, the normal ratio, as well as the absolute numbers of granulocytes and monocytes, was decreased. Overall, the massive lymphocyte reduction in these animals was due to decreased B- and T-cell numbers (Von Freeden-Jeffrey et al., 1995; Moore et al., 1996), reflecting the inefficient thymic development of IL-7-deficient mice. Only 5% of normal thymocyte numbers and 15% of splenic cell numbers could be detected in IL-7 gene-deleted mice (Von Freeden-Jeffrey et al., 1995; Moore et al., 1996). However, these remaining cells appeared to be similar to those observed in normal mice with regard to function, as defined by testing B cells in response to lipopolysaccharide (LPS), splenic T cells to concanavalin A, or proliferation of thymocytes to a mixture of concanavalin A and IL-2 (Von Freeden-Jeffrey et al., 1995).

Similar T-cell abnormalities to those observed in IL-7 gene-deleted mice have been identified in IL-2R γ receptor chain knockout mice (Takeshita et al., 1992; Noguchi et al., 1993; DiSanto et al., 1994). As discussed above, the common γ c chain is shared by several other cytokines, including IL-2, IL-4, IL-9 and IL-15 (Takeshita et al., 1992; Kondo et al., 1993; Giri et al., 1994). Because IL-2 or IL-4 gene-deleted mice do not exhibit defects in T-cell development, IL-7, but not other cytokines, appears to account for most of the lymphocyte defects observed in murine models of X-SCID associated with abnormalities of the γ c chain receptor (Takeshita et al., 1992, 1993; Noguchi et al., 1993; DiSanto et al., 1994).

Thymic T-cell development has been separated into sequential stages based on

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expression of distinct cell surface markers. Thymic IL-7 is produced primarily during fetal development (Chantry et al., 1989; Conlon et al., 1989; Okazaki et al., 1989). CD4 CD8 fetal and adult immature thymocytes proliferate well in response to IL-7. In contrast, CD4⁺ CD8⁺ thymocytes respond rather poorly. The capability to respond to IL-7 correlates with expression of the IL-7 receptor α chain (IL-7Rα) expressed by CD4⁻ CD8⁻, CD4⁺ CD8⁻ and CD4⁻ CD8⁺, but not by CD4⁺ CD8⁺ thymocytes (Chantry et al., 1989; Conlon et al., 1989; Okazaki et al., 1989; Everson et al., 1990; Suda and Zlotnik, 1991). Additional studies have indicated that IL-7 mediates effects on TCR rearrangement. T-cell precursors from thymus or fetal liver cultured in IL-7 express rearranged β - or γ -chain transcripts (Appasamy, 1992; Appasamy et al., 1993; Muegge et al., 1993). IL-7, sustaining expression of the RAG genes (Muegge et al., 1993; see above) induces rearrangement of Vy2 and Vy4, but not Vy3 or Vy5, TCR chains in mice (Appasamy et al., 1993). Further evaluation of IL-7 gene-deleted mice showed reduced numbers of total T lymphocytes with preservation of the normal CD4/CD8 ratio and an increased percentage of $\alpha\beta^+$ T cells compared with $\gamma\delta^+$ T cells (Von Freeden-Jeffrey et al., 1995; Moore et al., 1996). These data suggest that proliferation, and not T-cell differentiation, may be affected. However, more recent data indicate that IL-7 may also be involved in T-cell differentiation.

Immature thymocytes have been divided into four distinct phenotypes based on differential expression of the cell surface markers CD25, CD44 and CD117 (c-kit). CD4low cells (CD44⁺, CD25⁻, CD117⁺, CD3⁻CD8⁻) and pro-T cells (CD44⁺, CD25⁺, CD117⁺), representing the early stages of thymic differentiation, are present in IL7^{-/-} mice. In contrast, transition of pro-T cells to pre-T cells (CD44⁻CD25⁺, CD117⁻) and post-pre-T cells (CD44⁻, CD25⁻, CD117⁻) could not be detected in IL-7 gene-deleted mice (Moore et al., 1995, 1996). Interestingly, lack of IL-7 in such animals resulted in decreased expression of the CD117 (c-kit) marker on CD4low and pro-T cells as well, indicating that IL-7 may induce expression of yet undefined cytokine receptors during thymic T-cell maturation. Based on these data, current models of IL-7-mediated effects may have to be revised, because IL-7 may be critically involved in T-cell differentiation and not only in thymocyte proliferation. However, other thymic factors (e.g. TSLP) may also be critical for thymic differentiation. Future studies may address whether IL-7-deficient animals exhibit a qualitatively different TCR repertoire in peripheral $\alpha\beta^+$ T lymphocytes, particularly in variable TCR chain transcripts which have been shown to be influenced by IL-7 (Appasamy, 1992; Muegge et al., 1993).

More recent studies have scrutinized the role of IL-7 in the development of $\gamma\delta^+$ T lymphocytes. IL-7^{-/-} mice showed a profound reduction of CD4⁻ CD8⁻ $\gamma\delta^+$ T cells to approximately 1% of normal levels (Von Freeden-Jeffrey et al., 1995; Moore et al., 1996). A substantial body of evidence supports the notion that IL-7 preferentially promotes development of $\gamma\delta$ TCR⁺ thymocytes over $\alpha\beta^+$ thymocytes, as a result of differential IL-7R α expression on $\gamma\delta^+$ thymocytes compared with $\alpha\beta^+$ TCR thymocytes. This notion is supported by the fact that $\gamma\delta^+$ T cells are absent in thymus, gut, liver and spleen in IL-7R $\alpha^{-/-}$ mice (Peschon et al., 1994).

In contrast, $\alpha\beta$ TCR⁺ lymphocytes, and NK cells appear to be reduced in number, but to develop normally (He and Malek, 1996; Maki *et al.*, 1996). However, NK1⁺ T cells can be detected in thymus, liver and spleen of IL-7R $\alpha^{-/-}$ mice. Recent data suggested that differentiation of these NK1⁺ cells is dependent of signaling via the γ c chain and

expansion on IL-7R α -mediated signals (Boesteanu et al., 1997). These results provide reasonable evidence that signal transduction mediated by the IL-7 receptor is a prerequisite for $\gamma\delta$ T-cell development in both thymic and extrathymic pathways. Of note, thymocyte development in IL-7R $\alpha^{-/-}$ mice can be reconstituted by the introduction of a transgenic TCR, suggesting that one of several functions of the IL-7R α may be to initiate TCR gene rearrangement. This notion is further consolidated by the observation that expression of the RAG-1 and RAG-2 genes is also significantly reduced in the thymus of IL-7R $\alpha^{-/-}$ mice, but restored in double-positive thymocytes observed in TCR transgenic IL-7R $\alpha^{-/-}$ mice (Crompton et al., 1997). Thus, signaling through the IL-7R α appears be necessary for RAG expression and initiation of VDJ rearrangement, as described for VDJ recombinatorial events in B-cell differentiation (see above). VDJ rearrangement may impact on organ-specific immunity. For instance, pulmonary cells with the canonical fetal-type V γ 6 chain are missing in nude mice owing to a preferred thymic pathway of TCR gene rearrangement, and not to thymic selection. These cells can be restored in vitro and in vivo by administration of IL-7 (Hayes et al., 1996).

In murine fetal development, T-cell production can be detected at day 15 of gestation. T cells at this stage express the invariant TCR complex composed of Vy3 and V δ 1 chains. Maturation of thymocytes is accompanied by differential expression of CD24 (heat-stable antigen) expression. First, immature Vy3 cells exhibit a TCR Vy3^{low} and CD24⁺ phenotype, and progress to mature Vy3^{high} and CD24⁻ cells. These $\gamma\delta$ ⁺ T cells may populate the epidermis, or potentially other epithelial sites, and represent the dendritic epidermal T cells (DETCs). Alternatively, $\gamma\delta$ ⁺ T cells may mature extrathymically. Interestingly, IL-7^{-/-} mice characteristically exhibit a block of maturation of Vy3^{low} CD24⁺ T cells to Vy3^{high} CD24^{low} T cells (Moore *et al.*, 1996). This observation provides another piece of evidence that IL-7 does not serve exclusively as a 'maintenance' factor for thymocytes, but may also be involved in T-cell maturation and differentiation.

In recent years, characterization of T lymphocytes residing primarily in the intestine (intestinal intraepithelial lymphocytes; iIELs) has revealed a distinct phenotype as well as different functional activity for such immune cells compared with 'conventional' $\alpha\beta$ T cells in the periphery (Van Kerckhove et al., 1992; Boismenu and Havran, 1994; Guy-Grand et al., 1994; Havran and Boismenu, 1994; Rocha et al., 1994). Of note, thymic and intestinal epithelial cells share the same embryologic origin as they are both derived from entoderm and may both be capable of secreting IL-7 in situ (Namen et al., 1988a; Heufler et al., 1993; Matsue et al., 1993a,b; Ariizumi et al., 1995; Watanabe et al., 1995; Maeurer et al., 1997). Thus, given the fact that IL-7^{-/-} mice (Moore et al., 1995, 1996; Von Freeden-Jeffrey et al., 1995), ye chain knockout mice (Takeshita et al., 1992; Kondo et al., 1993; Noguchi et al., 1993; DiSanto et al., 1994) as well as JAK3-deficient mice (Nosaka et al., 1995; Park et al., 1995) lack $\gamma\delta^+$ T cells, IL-7 appears to represent the major growth/differentiation factor required for thymic and extrathymic development of $\gamma\delta$ T cells. Of note, $\alpha\beta^+$ TCR iIELs are detectable in IL-7^{-/-} mice, but not in γ c or in JAK3-deficient mice, suggesting that other cytokines may be critical for generation of $\alpha\beta$ TCR ⁺ iIELs, but not necessarily for $\gamma \delta$ ⁺ TCR iIELs (Takeshita et al., 1992; Noguchi et al., 1993; Di Santo et al., 1994; Moore et al., 1995, 1996; Nosaka et al., 1995; Park et al., 1995; Von Freeden-Jeffrey et al., 1995).

There is strong experimental evidence that TCR⁺ iIELs may develop in situ. Such immune cells are present in both congenitally athymic nude mice and in athymic

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radiation chimeras (for review see Poussier and Julius, 1994; Klein, 1996). Much more controversy surrounds the origin of the various subsets of iIELs which show a limited TCR repertoire (Van Kerckhove et al., 1992; Guy-Grand et al., 1994; Poussier and Julius, 1994). IL-7 gene-deleted mice may help to define the impact of IL-7 in the generation and TCR composition of $\alpha\beta^+$ TCR lymphocytes at different anatomic sites, preferentially in the intestine. Recently, clusters of lymphocytes located in crypt lamina propria (designated cryptopatches) have been characterized within the murine small and large intestinal mucosa (Kanamori et al., 1996). Such lymphoid cells are characterized by cell surface expression of CD117⁺ (c-kit), IL-7R α^+ and Thy1⁺, and by the absence of markers for CD3, $\alpha\beta$ TCR, $\gamma\delta$ TCR, sIgM and B220. It has been proposed that the immune cell population first detected at days 14–17 after birth may represent the lymphohematopoietic progenitors for T and B cells in the intestine. The prominent role of IL-7 in lymphopoietic development is further underscored by the observation that such cryptopatch-associated lymphoid cells are virtually absent in IL-7R α -deficient mice (Kanamori et al., 1996).

IL-7 IN ANTI-MICROBIAL IMMUNE RESPONSES

The role of cytokines in regulation of the host immune response to intracellular and extracellular pathogens has become increasingly understood. Regarding the infection of mice or humans with obligate intracellular pathogens, the T helper cell-1 ($T_{\rm H1}$)-type response, as defined by secretion of IFN- γ , IL-2 and IL-12, appears to represent the principal mediator directed against intracellular infection. Recently, a number of studies have indicated a central role for IL-7 in infections with intracellular bacteria or parasites. Interestingly, IL-7 has a somewhat 'Janus-faced' role, depending on the infection model studied or on the time of IL-7 application in the course of the disease.

Examples of apparently beneficial effects are to be found in murine models of infections with *Mycobacterium* species, or with the parasite *Toxoplasma gondii*. Female A/J mice treated with IL-7, commencing at the time of infection (2 μg daily for 2 weeks) with *T. gondii*, survived. In contrast, mice treated after infection (or not treated) died. *In vivo* depletion experiments have revealed that asialo GM1 + NK cells as well CD8 + T cells are required for protection against the intracellular parasite. Additionally, the IL-7-mediated effects appear to be predominantly mediated by IFN-γ secretion, as *in vivo* depletion of IFN-γ abolished the IL-7 protective effects (Kasper *et al.*, 1995).

In a different infection model, a combination of IL-7 with IL-1 β augments anti-Listeria monocytogenes-directed immune responses in mice. The cellular immune response is predominantly mediated by peritoneal $\gamma\delta$ T lymphocytes which specifically react to heat-killed Listeria preparations in the presence of macrophages as accessory cells in a non-H2-restricted manner. Additionally, the IL-7 responsiveness of $\gamma\delta$ T cells was enhanced in the presence of accessory cells. This effect could be replaced by exogenous IL-1 (Skeen and Ziegler, 1993).

Similarly, IL-7 appears to be involved in the successful immune response directed against infections with mycobacteria. The infection with Mycobacterium leprae represents a particular spectrum of the disease, in which the clinical manifestations correlate with the quantity and quality of the cellular immune response. Increased IL-7 mRNA and IL-7 receptor mRNA expression correlates with the tuberculoid form of the disease, in which the infection is limited. In contrast, the lepromatous form, which shows

progressing disease, does not show significant IL-7 mRNA expression (Sieling et al., 1995). Additionally, IL-7 inhibits the intracellular growth of M. avium complex (MAC) in human macrophages in vitro (Tantawichien et al., 1996). MAC represents a common opportunistic pathogen common in patients with human immunodeficiency virus (HIV) infection. Mononuclear phagocytes represent a major reservoir for MAC in the susceptible host. Such infections are often resistant to standard treatment protocols. Therefore, additional treatment modalities may be required to control MAC infections. For instance, previous studies have shown that treatment of human macrophages with tumor necrosis factor-γ (TNF-α) or granulocyte-macrophage colony stimulating factor (GM-CSF) leads to mycobacteriostatic or mycobactericidal activity (Denis, 1991). Additionally, MAC infection of human macrophages results in the generation of TGFβ, which inhibits the capacity of infected cells to control bacterial growth (Bermudez, 1993). Treatment of human macrophages with IL-7 results in a dose-dependent reduction in the number of intracellular bacteria. When IL-7 was added to cultured macrophages before infection, the anti-MAC activity was diminished compared with that obtained when IL-7 was added to MAC-infected cells (Tantawichien et al., 1996). The authors have obtained similar results with virulent M. tuberculosis bacilli.

Treatment of Balb/c mice preinfected with M. tuberculosis resulted in up to 100% increased survival compared with that in non-treated mice, or in mice treated with IL-2 or IL-4. These IL-7-mediated effects can be transferred passively, using spleen cells derived from IL-7 treated and M. tuberculosis-infected animals, to mice that have been preinfected with mycobacteria. In contrast, transfer of cells from mice treated with IL-7 alone did not result in an increased survival rate compared with control animals, suggesting that priming with M. tuberculosis is required to elicit antimicrobial immune responses facilitated by IL-7 treatment (the authors' unpublished observations). In other studies using IL-7 as a treatment, the IL-7-mediated effects could be abolished by antihuman TNF- α antibody. In contrast, IL-7 did not decrease the TGF- β secretion by macrophages upon infection, an observation that was found to be true for IL-7mediated downregulation of IL-2 or LPS-induced TGF-β mRNA expression in murine macrophages (Dubinett et al., 1993). Therefore, IL-7 may exert some of its effects by inducing or potentiating proinflammatory cytokines, such as IL-1α, IL-1β, IL-6 and TNF-α (Alderson et al., 1991). Additionally, some of the antibactericidal effects of macrophages are mediated by generation of nitric oxide and superoxide radicals, both of which are induced by IL-7 (Alderson et al., 1991; Gessner et al., 1993).

However, IL-7 does not always appear clinically to benefit animals with intracellular infections. For instance, earlier results indicated that IL-7 mediates antimicrobial activity against the intracellular parasite Leishmania major in murine macrophages in vitro (Gessner et al., 1993). In contrast, treatment of susceptible Balb/c mice with IL-7 at the onset of infection leads to enhanced lesion development and accelerates death of treated animals, correlating with an up to 40-fold increased parasite burden in the spleen and lymph nodes. Analysis of cellular immune responses of such animals has revealed that lymphocytes obtained from IL-7-treated mice produced comparable amounts of the T_{H2} cytokines IL-4 and IL-10, but less IFN-y in response to antigen (Gessner et al., 1995). This observation suggests that a number of other factors may be involved in the complex interactions of cytokines; for instance, IL-7 upregulates the anti-CD3, or anti-CD3/anti-CD28-induced IFN-γ and IL-4 mRNA expression in (human) T lymphocytes

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One of the major alterations in the cellular composition of IL-7-treated animals appears to be a rise in total cell numbers in the B-cell compartment. To elucidate the nature of the potentially deleterious B-cell responses, mice with the X-SCID were evaluated. Such animals typically lack B1 cells and exhibit reduced numbers and functions of B2 cells. B1 cells (formerly referred to as Ly-1 B or CD5+ B cells) represent a small subpopulation with a distinct phenotype, and developmental and functional properties. B1 cells express a unique array of cell surface molecules, in addition to expression of the CD5 marker; they are preferentially generated from fetal or neonatal sources of progenitors, and the antibodies derived from B1 cells are predominantly of the IgM class, show minimal hypermutation and a high frequency of low-affinity, polyor self-reactive specificities (for review see Stall and Wells, 1996). The absence of these cells leads to reduced susceptibility against infections with intracellular parasites (e.g. Leishmania species). Of note, following application of a single IL-7 dose concomitant with Leishmania infection, the clinical course resembled that in susceptible Balb/mice with an up to 100-fold enhanced parasite load in treated animals. Again, examination of CD4⁺ Leishmania-specific T lymphocytes revealed that IFN-γ secretion is reduced in IL-7-treated Balb/c X-SCID mice compared with that in control animals, and that the population of B2 (B220⁺, sIgM⁺, MHC class II⁺) cells appeared to be significantly enhanced. However, the nature of the disease-aggravating effects of IL-7 remain to be elucidated. One potential mechanism may be antigen presentation by B cells, an event that may lead to preferential activation and expansion of the T_{H2}-type lymphocytes.

A similar dichotomy of IL-7 has emerged in infection with HIV. Previous studies suggested that exogenous recombinant human IL-7 (rhIL-7) is capable of augmenting the generation of antivirus-directed cytotoxic T-lymphocyte (CTL) responses (Carini et al., 1994). Examination of HIV-infected individuals testing negative for anti-HIV-1-specific CTL reactivity indicated that CD8⁺ and CD4⁺ T cells lack IL-7 receptor cell surface expression, which may be attributed to production of insufficient numbers of IL-7R upon retroviral infection or, alternatively, to increased shedding of the IL-7 receptor (Carini and Essex, 1994; Carini et al., 1994). Because HIV infection is accompanied with reduced numbers in the CD4⁺ cell compartment and associated with loss of cytotoxic CD8⁺ T-cell activity, several cytokines capable of modulating the immune system have been contemplated for implementation in treatment of HIV-positive individuals. IL-7 is such a candidate (as well as IL-2, IL-12 and IL-15) because it not only enhances anti-HIV-directed CD8⁺ T-cell responses, but also augments both CD4⁺ T helper cell-dependent humoral immune responses and CD8⁺ cytotoxic T-cell reactivity in mice immunized with the HIV envelope protein (Bui et al., 1994).

However, caution must be exercised before implementing these cytokines, including IL-7, into clinical protocols, as exogenous IL-7 induces virus replication and increases proviral DNA levels in PBMC cultures, and increases the levels of doubly spliced HIV-1 TAT RNA (Smithgall et al., 1996). These effects are not inhibited by neutralizing IL-1 β , IL-2, IL-6 or TNF- α activity. However, CD8⁺ T cells inhibit the increase in viral replication induced by IL-7 stimulation, although they do not prevent virus replication following CD3 ligation in the presence of IL-7, an event that can also be mimicked by adding IL-7 to anti-CD3 antibody-stimulated HIV⁺ PBMC cultures, resulting in enhanced HIV production (Moran et al., 1993). However, the results obtained from such studies have addressed the role of exogenous IL-7 in HIV replication in vitro. They have not addressed the role of endogenous IL-7 on viral load or viremia.

The concentration of IL-7 in plasma from HIV-seronegative individuals as measured by enzyme-linked immunosorbent assay ranges from 1.6 to 9.8 pg/ml (R&D Systems, 1994). These concentrations are 1000-fold lower than the amount of IL-7 implemented for *in vitro* assays. However, there are clinical conditions in which raised IL-7 levels have been determined. For instance, plasma and synovial fluid levels of IL-7 are increased significantly in patients with systemic juvenile rheumatoid arthritis, but not in those with polyarticular or pauciarticular juvenile rheumatoid arthritis, or in patients with other rheumatic diseases (De Benedetti *et al.*, 1995), in patients with untreated Hodgkin's lymphoma (Trumper *et al.*, 1994) and in some with colorectal or renal cell cancer (authors' unpublished observation). However, the precise source and the functional consequence of such increased IL-7 serum levels remain to be determined.

IL-7 mRNA has been observed in a number of different infections, and exogenously added IL-7 (provided either by the recombinant protein or by retroviral infections) has been shown to augment specific cellular immune responses. For instance, IL-7 mRNA has been detected in patients with *Helicobacter pylori*-positive gastritis, but not in *H. pylori*-negative controls (Yamaoka et al., 1995). Others have shown that IL-7 helps the induction of antiviral specific T-cell responses using synthetic peptides and IL-7 as an adjuvant (Kos and Mullbacher, 1992, 1993), or that IL-7 overcomes anergy in parasite-specific cellular immune responses (Sartono et al., 1995), and facilitates expansion of tetanus toxoid (Kim et al., 1994), or dengue virus-specific cytotoxic CD4⁺ T-cell clones (Berrios et al., 1996).

IL-7 IN 'TISSUE-SPECIFIC' IMMUNITY

Detection of IL-7 mRNA in various tissues has rekindled interest in the role of IL-7 in promoting local immune responses (see Table 2). IL-7 has been reported to be produced by human and murine keratinocytes (Heufler et al., 1993; Matsue et al., 1993a,b; Ariizumi et al., 1995) and serves a major growth factor for dendritic epidermal T cells (DETCs) which express the $\gamma\delta$ TCR (Matsue et al., 1993a,b). The mouse epidermis harbors a T-cell population characterized by expression of CD3, asialo-GM1, CD2, Thy-1, Ly48 and E-cadherin, but not CD4 or CD8 phenotypic markers (Steiner et al., 1988). Such DETCs express the $\gamma\delta$ TCR composed of the $V\gamma3$ and $V\delta1$ chains without junctional diversity (Steiner et al., 1988; Matsue et al., 1993a,b; Moore et al., 1996). These $\gamma\delta$ T-cell effector cells may monitor stressed keratinocytes, or recognize class Ib antigens (e.g. TIa or Qa) (for review see Hayday, 1995). Keratinocytes express constitutively IL-7 mRNA for IL-7 and secrete in vitro biologically meaningful amounts of IL-7 protein. IL-7 appears not only to serve as the principal growth factor for DETCs (Fig. 2) but also prevents apoptosis in DETCs exposed to ultraviolet B radiation or corticosteroid treatment (Takashima et al., 1995). This fits well into earlier observations that IL-7 is superior, when compared with IL-2, in maintaining viability and responsiveness in antigen-specific T-cell lines. Additionally, IFN- γ secreted by $\gamma\delta$ T cells appears to inhibit growth of murine keratinocytes (Takashima and Bergstresser, 1996). IL-7 has been shown to augment expression of leukocyte functional antigen-1 (LFA-1) and very late activation antigen-4 in human phorbol myristate acetate (PMA) and calcium-stimulated peripheral blood lymphocytes (PBLs), enhancing the capacity of these cells to adhere to parenchymal cell monolayers (Fratazzi and Carini, 1996). Additionally, IL-7 appears to induce cell surface expression of the costimulatory

Table 2. IL-7 mRNA or protein detection in cell lines and tissues.

Tissue or cell type	Detection of mRNA	Detection of protein	Reference
Bone marrow stromal cells	+ (h, m)	+ (h, m)	Namen <i>et al.</i> (1988a,b) Sudo <i>et al.</i> (1989) Witte <i>et al.</i> (1993)
Spleen	+ (h, m)	n.d.	Namen <i>et al.</i> (1988a,b) Goodwin <i>et al.</i> (1989)
Kidney	+ (h, m)	n.d.	Namen <i>et al.</i> (1988a,b) Authors' unpublished results
Kidney allograft	+ (h)	n.d.	Strehlau <i>et al.</i> (1997)
Renal cell cancer (RCC) tissue sections or RCC cell lines	+ (h)*	+ (h)	Authors' unpublished results
Fetal and adult thymus	+ (h, m)	+ (h, m)	Namen et al. (1988a,b) Goodwin et al. (1989) Montgomery and Dallman (1991) Sakata et al. (1990) Wiles et al. (1992) Authors' unpublished results
Thymic stromal cells	+ (m)	+	Sakata et al. (1990) Gutierrez and Palacios (1991)
Hassall's corpuscles	+ (h)	n.d.	He <i>et al.</i> (1995)
Keratinocytes	+ (h, m)	+ (h, m) ·	Heufler <i>et al.</i> (1993) Matsue <i>et al.</i> (1993a,b)
Intestinal epithelial cells, epithelial goblet cells	+ (h)	+ (h)	Watanabe <i>et al.</i> (1995)
Colorectal cancer cells	. + (h)*	+ (h)	Maeurer et al. (1997) Authors' unpublished results
Uterus	+ (m)	n.d.	Appasamy (1997)
Brain	+ (h)	n.d.	Appasamy (1997)
Adult liver	+ (r)	n.d.	Appasamy (1997)
Hepatocarcinoma	+ (h)*	n.d.	Goodwin <i>et al</i> . (1989)
EBV ⁺ B-cell lines	+ (h)	+ (h)	Benjamin <i>et al.</i> (1994)
Burkitt's lymphoma cells	+ (h)	+ (h)	Benjamin <i>et al.</i> (1994)
Chronic B-lymphocytic leukemia cells	+ (h)*	+ (h)	Frishman <i>et al.</i> (1993) Long <i>et al.</i> (1995)
Bladder cancer	+ (h)	n.d.	Kaashoek et al. (1991)
Inflammatory malignant fibrous histiocytoma	+ (h)	n.d.	Melhem et al. (1993)
Follicular dendritic cells	+ (h)*	+ (h)	Kröncke <i>et al</i> . (1996a,b)
Fibroblasts	+ (m)		Aiba <i>et al</i> . (1994)
Oral mucosa	+ (h)	+ (h)	Kröncke <i>et al.</i> (1996a,b)
Vascular endothelial cells	+ (h)	+ (h)	Kröncke <i>et al.</i> (1996a,b)
Hodgkin cell line, nodular sclerosing type	+ (h)	n.d. ´	Bargou <i>et al.</i> (1993)
Sézary lymphoma cells	+ (h)†	n.d.	Foss <i>et al.</i> (1994, 1995) Asadullah <i>et al.</i> (1996)†
Lesions from tuberculoid lepra	+ (h)	+ (h)	Sieling et al. (1995)

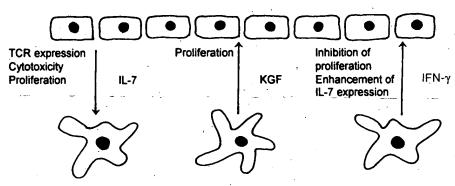
n.d., Not determined; h, human; m, mouse; r, rat.

individuals as measured 8 pg/ml (R&D Systems, int of IL-7 implemented h raised IL-7 levels have ls of IL-7 are increased tis, but not in those with r in patients with other th untreated Hodgkin's tal or renal cell cancer irce and the functional itermined.

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^{*}Cloning and sequence analysis of mRNA exhibits alternatively spliced forms(s) of IL-7; †IL-7 mRNA did not appear to be overexpressed as determined by semiquantitative analysis of skin biopsies from patients with mycosis fungoides or with pleiomorphic T-cell lymphoma compared with biopsies obtained from normal skin, psoriatic lesions or atopic dermatitis.



γδ T lymphocytes

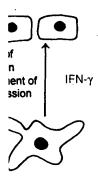
Fig. 2. Tissue-specific immunity: a central role for IL-7 in the interactive milieu of cytokines elaborated by epithelial cells and $\gamma\delta^+$ T lymphocytes. IL-7 secreted by epithelial cells (e.g. keratinocytes) in situ is able to maintain viability of $\gamma\delta$ T cells and is critically involved in thymic and extrathymic development of $\gamma\delta$ T cells. IFN- γ produced by $\gamma\delta^+$ T cells alters the IL-7 mRNA transcript pattern in murine keratinocytes (Ariizumi *et al.*, 1995). IFN- γ is able to augment IL-7 secretion by epithelial cells (Ariizumi *et al.*, 1995; Sieling *et al.*, 1995) and inhibits proliferation and immune functions of keratinocytes and downregulates the mitotic capacity of Langerhans cells (Sillevis Smith *et al.*, 1992; Matsue *et al.*, 1993b; Xu *et al.*, 1995). In contrast, keratinocyte growth factor (KGF) secreted by $\gamma\delta^+$ T cells induces proliferation of murine epithelial cells (Boismenu and Havran, 1994).

molecule B7/BB1 as well as intercellular adhesion molecule-1 (ICAM-1) (CD54) on pre-B cells (see Table 1). Acquisition of B7 molecule(s) may be biologically relevant if B cells act as antigen-presenting cells (Dennig and O'Reilly, 1994).

IL-7 as a growth factor for $\gamma\delta$ T cells homing to epidermis represents a critical growth factor in the evolution of contact sensitivity to trinitrochlorbenzene, which can be abrogated by administering monoclonal antibodies to $\gamma\delta$ T cells in vivo. $\gamma\delta$ T cells invading the respective antigen challenge site typically exhibit a CD8 α^+ , CD8 β^- , IL-4R + V γ 3 + phenotype, and proliferate in response to IL-7 but not to IL-2 or IL-4. Moreover, in vivo application of IL-7 neutralizing antibody inhibits accumulation of V γ 3 + T cells in the skin, as well as in the regional lymph nodes adjacent to the sensitization site (Dieli et al., 1997). In addition to keratinocytes, other cell types (e.g. fibroblasts) within the epidermis may also provide biologically meaningful IL-7 levels in vivo (Aiba et al., 1994). Perhaps the best illustration that IL-7 serves as the major growth factor for IELs is provided by studies from Williams and Kupper, who showed that the epidermal density of DETCs is increased substantially in keratin-14 promoter-driven IL-7 transgenic mice, in which ectopic IL-7 is produced exclusively by keratinocytes (cited as a personal communication in Takashima and Bergstresser, 1996).

The role of IL-7 in skin immune reactions is underscored by the observation that IL-7 mRNA appears to be upregulated in mite allergen patch test reactions in patients with atopic dermatitis (Yamada et al., 1996). The site of positive patch reactions also tested positive for eosinophilic infiltrations. Noteworthy in this context, IL-7 is also capable of upregulating the low-affinity receptor for IgE (CD23) in activated PBLs (Fratazzi and Carini, 1996).

IL-7 may not only be involved in creating an interactive environment of keratinocytes



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ment of keratinocytes

and $\gamma\delta$ T cells; it may also play a role in the germinal center reaction (Kröncke et al., 1996a). IL-7 mRNA and protein have been detected in human follicular dendritic cells (FDCs) obtained from tonsils. However, mature peripheral IgM⁺ B cells are non-responsive to IL-7, whereas anti- μ -stimulated tonsilar B cells proliferate in response to IL-7 without secreting immunoglobulins, suggesting that IL-7 may be indeed be able to regulate B-cell responses in the periphery. In addition to skin and tonsils, IL-7 mRNA and protein have been detected in human intestinal cells (Reinecker and Podolsky, 1995; Watanabe et al., 1995), in human colorectal tumor cells (Maeurer et al., 1997), in normal kidney (Goodwin et al., 1989) and in human renal cell cancer cell lines (authors' unpublished observation). These cells produce significant amounts of IL-7 protein in vitro. Of interest, raised IL-7 mRNA expression appears to represent one of the most sensitive markers of graft rejection in patients after kidney transplantation (Strehlau et al., 1997).

IL-7 promotes the growth of lamina propria lymphocytes and inhibits CD3-dependent proliferation of these cells (Watanabe et al., 1995). IL-7, in comparison with IL-2, promotes the preferential expansion of (short term, day 14) cultured tumor-infiltrating lymphocytes obtained from patients with colorectal cancer (Maeurer et al., 1997). Long-term in vitro culture of human iIELs harvested from patients with colorectal cancer with IL-7 results in preferential outgrowth of $V\delta 1^+$ T cells (Maeurer et al., 1995, 1996) which recognize colorectal cancer cells, renal cell cancer and pancreatic cancer cell lines (Maeurer et al., 1996). Such immune effector cells release significant amounts of IFN- γ . Interestingly, human intestinal cells also appear to express the IL-7R α . Stimulation of such cells with IL-7 leads to rapid tyrosine phosphorylation of proteins (Reinecker and Podolsky, 1995).

The physiologic role of such IL-7-responsive epithelial cell lines remains to be elucidated. Presumably, IL-7 may represent a member of a family of epithelial growth factors, which promote homing, maturation and maintenance of IL-7-responsive immune cells (see Fig. 2). Thus, IL-7 may be an important cytokine involved in creating an interactive environment of epithelial cells and lymphocytes. Murine $\gamma\delta$ T cells secrete keratinocyte growth factor (KGF), which promotes proliferation of epithelial cells (Boismenu and Havran, 1994). Conversely, human epidermal growth factor (EGF) (Reinecker and Podolsky, 1995) increases IL-7Ra mRNA expression in human colorectal cancer cell lines. Human KGF (authors' unpublished observation) stimulates IL-7 mRNA expression and IL-7 protein secretion by human intestinal cells. Therefore, EGF and/or KGF and IL-7 may represent cytokines involved in the homeostasis of epithelial and immune cells in vivo (see Fig. 2). The 'nourishing' capacity of intestinal cells is further substantiated by the observation that bone marrow cells develop into phenotypically mature T cells using a co-culture system with the intestinal epithelial cell line MODE-K (Vidal et al., 1993; Maric et al., 1996). Whether IL-7 is one of the principal factors mediating these effects remains to be determined.

More recently, several reports have addressed the role of IL-7 and IL-7Rα mRNA expression in developing tissues. The observation that IL-7 stimulates maturation of embryonic hippocampal progenitor cells in culture suggests that IL-7 may effect proliferation and differentiation of immature cells of non-hematopoietic origin (Mehler et al., 1993). IL-7 and IL-7R mRNA expression can also be observed in the developing brain, and treatment of culture of embryonic brain with exogenous IL-7 leads to increased neuronal survival and greater numbers of cells exhibiting neurite outgrowth.

One of the IL-7-mediated effects may be via phosphorylation of p59^{fyn} (Michaelson et al., 1996).

IL-7 may also be involved in local immune reactions affecting the eye. The neuroectodermis-derived retinal pigment epithelium (RPE) contributes to the bloodretina barrier regulating infiltration of immune cells in retinal diseases. Activation of RPE cells leads to expression of MHC class II antigens and adhesion molecules. Additionally, IL-7 is able to induce monocyte chemotactic protein-1 and IL-8 in such RPE cells (Elner et al., 1996). However, further studies may address whether IL-7 can be detected in retina-associated diseases in vivo.

IL-7 AND CANCER

IL-7 may play different roles in cancer-bearing hosts, dependent on the tumor and status of the immune system. First, IL-7 mRNA, IL-7 protein and the IL-7Rα have been demonstrated in some hematologic malignancies, suggesting that IL-7 may serve as a growth factor in an autocrine fashion. Some tumor cells exhibit expression of the IL-7Ra without IL-7 expression, and may be responsive to IL-7 provided by different cell types. Second, IL-7 may be implemented as a treatment for cancer as IL-7 increases immune effector cell functions by T lymphocytes, NK cells and macrophages. IL-7 may be provided by systemic application, or it may be secreted by genetically engineered tumor cells to induce a strong and long-lived immune response. Third, IL-7 may be one of several growth factors to be used for recovery from bone marrow transplantation in the setting of treatment for hematologic malignancy or, alternatively, for bone marrow rescue after high-dose chemotherapy treatment of solid tumors (e.g. breast cancer).

IL-7 and IL-7Rα Expression in Cancer

IL-7 mRNA and protein expression have been identified in solid tumors including colorectal and renal cell cancers (Watanabe et al., 1995; Maeurer et al., 1997; the authors' unpublished observations). Both tumor cell types express the IL-7Rα receptor and the common ye chain. IL-7 mRNA has also been observed in tumor cells of nodular sclerosing and mixed cellularity type of Hodgkin's disease (Bargou et al., 1993; Foss et al., 1995). The prominent immune cell infiltrate observed in most cases of Hodgkin's disease may be attributed to local delivery of IL-7 in vivo. IL-7 serum levels may also be increased in patients with Hodgkin's disease (Trumper et al., 1994; Gorschluter et al., 1995). Similarly, Sézary's lymphoma cells express IL-7Rα and proliferate in response to IL-7. However, some of these lymphoma cells obtained from different patients (3/5) also expressed IL-7 mRNA (Foss et al., 1994).

It has been presumed that keratinocyte-secreted IL-7 may serve as a growth factor for cutaneous T-cell lymphomas. This hypothesis is substantiated by examination of IL-7 transgenic mice. In transgenic mice, in which the IL-7 gene is expressed under the control of the mouse MHC class II (Eα) promoter (Mertsching et al., 1995), a lymphoproliferative syndrome characterized by early polyclonal expansion of T lymphocytes followed by development of pro-pre-B and bipotential myeloid/B-cell tumors can be observed in about 25% of C57Bl/6, and in up to 100% of Balb/c mice (Mertsching et al., 1995, 1996). If the IL-7 gene is controlled by the Sra promoter, which is expressed constitutively in many tissues, development of cutaneous ($\gamma \delta^+$ TCR) lymphomas may be observed

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as a growth factor for examination of IL-7 ised under the control i), a lymphoproliferaymphocytes followed in ing et al., 1995, 1996). issed constitutively in as may be observed

(Uehira et al., 1993). A number of leukemia and lymphoma cells isolated from patients have been screened for their growth responses and/or dependence on IL-7: many but not all proliferate when exposed to IL-7 and the cell types include B- and T-cell malignancies (Eder et al., 1990; Touw et al., 1990; Makrynikola et al., 1991; Shand and Betlach, 1991; Skjonsberg et al., 1991; Lu et al., 1992; Yoshioka et al., 1992). Evidence of lymphoid maturation of the tumor cells in response to IL-7 incubation was not observed (Eder et al., 1990).

In a separate study, pre-B cells transformed by a variety of oncogenes were tested for IL-7 production. None produced any IL-7 bioactivity. IL-7 overexpression achieved by removing portions of the 5' flanking region was not associated with dramatic colony formation in agar, and most clones were not tumorigenic *in vivo* (syngeneic mice) (Young et al., 1991).

It seems, therefore, that production of IL-7 does not represent a final common step in the malignant transformation of lymphoid cells, but that in selected malignancies it may represent a target for therapeutic intervention. For instance, IL-7 may represent an 'antiapoptotic' factor for some hematopoietic malignancies: IL-7 induces in murine T-cell lymphoma cells (CS-21) expression of the Bcl2 protein and suppression the CPP32-like protease (Lee et al., 1996). An additional role for IL-7 in malignant progression has been suggested by the observation that IL-7 upregulates ICAM expression by melanoma cells, a phenotype correlated with metastatic behavior (for review see Möller et al., 1996).

A detailed study addressed IL-7R α expression in several types of cutaneous and nodal lymphoma. IL-7Rα was not expressed in cutaneous B-cell lymphomas, benign cutaneous lymphoid infiltrates or reactive lymph nodes. In contrast, IL-7Rα was expressed in over 50% of all histologic types of cutaneous T-cell lymphoma (Bagot et al., 1996). IL-7 mRNA and protein are also readily detectable in B-cell chronic lymphocytic leukemia (B-CLL) cells. The coincidence of IL-7 mRNA downregulation and apoptosis in B-CLL cells suggested that IL-7 gene expression may be required for B-CLL viability in vivo. Of note, IL-7 downregulation and apoptosis could be prevented by co-culture of B-CLL cells with human umbilical cord endothelial hybrid cells (EA.hy926). Cell-cell contact appears to be a prerequisite, as cell culture supernatant could not reconstitute the effect, indicating that poorly defined integrins expressed on B-CLL cells may affect IL-7 gene expression and apoptosis (Long et al., 1995). Moreover, IL-7 mRNA and protein elaborated by B-CLL cells may account for some of the clinical symptoms: some patients with CLL may experience suppression of immune responses and also autoimmune symptoms (Frishman et al., 1993). Of note, cloning of the IL-7 gene product from B-CLL cells revealed that at least a different, alternatively spliced, IL-7 mRNA is expressed in tumor cells. The alternatively spliced form appears to be identical with an original IL-7 cDNA clone obtained by screening a (hepatocarcinoma) cDNA library for the human IL-7 gene (Goodwin et al., 1989). The alternative transcript lacks the entire exon 4 (132 bp) coding for 44-amino-acid residues, as depicted in Fig. 1 (Goodwin et al., 1989; Frishman et al., 1993). The present authors have also observed that IL-7 mRNA expressing cells derived from renal or colorectal cancer cells contain the 'canonical' IL-7 full-length IL-7 mRNA and additionally differentially spliced IL-7 mRNA (authors' unpublished observations). The biology of these IL-7 mRNA species remains to be determined.

Based on these data, it appears that IL-7 may exert differential effects on tumor cells. IL-7 may exert growth-promoting, but potentially also growth-arresting, activities. For

instance, proliferation of some pre-B acute lymphoblastic leukemia (B-ALL) cells can be specifically inhibited by exogenous IL-7. This effect can be abrogated by blocking of the IL-7 receptor (Pandrau *et al.*, 1994). In contrast, other ALL cells appear to be IL-7 responsive (Greil *et al.*, 1994). Additionally, targeting of IL-7 receptor-positive cells implementing a recombinant fusion toxin (DAB₃₈₉-IL-7) has been suggested as a treatment for lymphoma (Sweeney *et al.*, 1995). Thus, IL-7-induced effects mediated by the IL-7R α may also be dependent on the actual cell type, as proliferation of early pre-B cells (see Table 1) can be augmented by IL-7.

IL-7 as a Treatment Option for Cancer-Bearing Hosts

Immunotherapy has evolved to become a reasonable treatment option for some patients with cancer. This approach, at least theoretically, assumes that an antigenic difference between malignant and normal cells exists, can be recognized by the host and can be manipulated. In addition, it must be presumed that the tumor-bearing host is functionally immunodeficient in that the tumor somehow blocks or inactivates the patient's own antitumor response. For instance, alterations in expression and functions of signal transduction molecules associated with the TCR are indeed responsible for inefficient immune responsiveness in T lymphocytes in several human malignancies, including renal cell cancer, colorectal cancer, ovarian cancer and melanoma.

Decreased CD3 expression and inefficient CD3-mediated signaling in tumor infiltrating lymphocytes (TILs) and PBLs has been observed primarily in tumor-bearing mice (Mizoguchi et al., 1992; Salvadori et al., 1994; Levey and Srivastava, 1995) and recently in cancer-bearing patients as well (Finke et al., 1993; Nakagomi et al., 1993; Matsuda et al., 1995; Tartour et al., 1995; Zea et al., 1995; Lai et al., 1996; Rabinowich et al., 1996).

One of several mechanisms of CD3 downregulation and inefficient signaling appears to be due to reduced expression of the ζ chain of the TCR, presumably related to hydrogen peroxide secretion elaborated by tumor-derived macrophages (Kono et al., 1996). This defect can be reversed in vitro and in vivo using exogenous IL-2 or IL-2 transfected into tumor cells to be implemented as a vaccine (Salvadori et al., 1994; Rabinowich et al., 1996). However, IL-7 is also capable of upregulating the TCR (Ono et al., 1996) and can enhance protein expression of molecules associated with TCR expression and signaling functions (e.g. ZAP-70, ζ-chain, p56lck and p59fyn; authors' unpublished data). Additionally, suppressive factors released by tumors may impair antitumor-directed immune responses, such as TGF- β . Macrophage-derived TGF- β mRNA can be downregulated by IL-7 (Dubinett et al., 1993). The same effect of IL-7 has been found to be true for TGF- β downregulation in a murine fibrosarcoma (Dubinett et al., 1995). In contrast, TGF-β is able to reduce stromal IL-7 mRNA expression and protein secretion using a human in vitro lymphoid progenitor cell culture system (Tang et al., 1997). Biologic therapy approaches including immunotherapy seek to reverse this apparent state of anergy and to augment antitumor-directed immune responses.

Clinical trials utilizing IL-2 as a cytokine-based immunotherapy have demonstrated that this approach is successful in treating some patients. The challenge for both clinicians and researchers is to increase the efficacy and decrease the non-specific effects of the therapy. IL-7 appears to have a number of 'IL-2-like' properties and preclinical testing suggests a potential role for IL-7-based immunotherapy trials. The IL-7-mediated effects may be segregated into effects due to non-specific, MHC non-restricted,

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ig in tumor infiltrattumor-bearing mice i, 1995) and recently d., 1993; Matsuda et nowich et al., 1996). nt signaling appears esumably related to hages (Kono et al., renous IL-2 or IL-2 lvadori et al., 1994; ing the TCR (Ono et sociated with TCR and p59^{fyn}; authors' tumors may impair nage-derived TGF-β me effect of IL-7 has arcoma (Dubinett et 'NA expression and lture system (Tang et seek to reverse this ne responses.

have demonstrated challenge for both e non-specific effects erties and preclinical by trials. The IL-7-MHC non-restricted, lysis of tumor cell targets (e.g. due to lymphokine-activated killer (LAK) cells), MHC class I- or II-specific recognition of tumor cells by $\alpha\beta^+$ T lymphocytes, and tumor-restricted and presumably classic MHC non-restricted recognition by $\gamma\delta^+$ T-cell effectors.

Characterization of the LAK phenomenon was reported in 1980 by Yron and associates. The phenomenon describes the *in vitro* lysis of labeled fresh tumor targets by lymphoid cells that have been preincubated in IL-2 or other lymphokines. The effect is not MHC restricted and is relatively non-specific, in that a variety of different fresh tumors are lysed yet most normal cells are spared. IL-7 is able to generate LAK activity from thymocytes and PBMCs.

In comparison to IL-2, IL-7 appears to be a relatively weak LAK inducer. IL-2 stimulates fivefold more LAK precursors than IL-7 (Alderson et al., 1990). Thymocytes from cultures grown in IL-2 are highly cytolytic, whereas those grown in IL-7 exhibit minimal cytolytic activity; however, cultures grown in IL-7 and then switched to IL-2 become cytolytic. The addition of IL-4 does not induce cytolytic activity of the cells grown in IL-7 but rather downregulates IL-2-induced proliferation and cytolytic activity (Widmer et al., 1990). IL-7 can generate human LAK cell activity in the absence of IL-2, and induces or upregulates expression of CD25, CD54 and CD69. LAK cell generation is negatively influenced by TGF- β and IL-4. Anti-IL-4 antibody and anti-IL-4 antisense enhances IL-7-induced LAK cell activity (Stötter and Lotze, 1991; Stötter et al., 1991). IL-7 promotes secretion of TNF but not of IFN- γ (Stötter and Lotze, 1991).

The nature of the LAK cell precursor for IL-7-induced LAK is not totally clear. One study showed that LAK cell activity (comparable to IL-2) could be generated from a population of NK cells (CD56⁺) whereas no LAK activity was generated in PBMCs (Naume and Espevik, 1991; Naume *et al.*, 1992).

Another study using murine cells compared IL-7-induced LAK with IL-2 LAK. IL-7 LAK peaked at day 6–8. IL-7 was more effective at maintaining cytotoxic activity over longer periods of time than IL-2. IL-7 LAK was induced from secondary lymphoid tissue (spleen and nodes) but not from primary lymphoid tissue (thymus and bone marrow). LAK cell activity was abrogated by anti-CD8 or anti-Thy-1 + C and unaffected by anti-CD4, anti-asialo GM-1 or anti-NK-1.1 + C, suggesting that IL-7 LAK may not necessarily be mediated by NK cells, but rather by T lymphocytes (Lynch and Miller, 1990). In comparison to IL-2 and IL-12, IL-7 stimulates the CD56⁺ NK cells to secrete significantly lower amounts of soluble TNF receptor compared with IL-2-, or IL-12-mediated stimulation. In comparison to IL-2, IL-7 induced lower levels of GM-CSF, but significantly higher GM-CSF levels when compared with IL-12 (Naume et al., 1993).

If indeed, IL-7-induced LAK cell activity resides within the T-cell population, then it might be possible to create a LAK immunotherapy treatment regimen that lacks some of the deleterious effects of the IL-2 treatment which have been blamed on the NK cell population. Circulating human T cells also proliferate when incubated in IL-7. Both CD4⁺ and CD8⁺ subsets respond to a similar degree; however, when T cells are separated on the basis of reactivity with an antibody (anti-CD45) that reacts with a 220-kDa isoform (CD45RA) of the common leukocyte antigen, memory T cells (CD45RO) appear to respond more readily than naive T cells (CD45RA) (Welch *et al.*, 1989). Additionally, a variety of effects of IL-7 on monocytes has been reported. Activation of

monocytes with IL-7 can result in the development of a tumor lytic phenotype using melanoma cells as targets (Alderson et al., 1991). Induction of mRNA for both IL-8 and human macrophage inflammatory protein-1 β gene is induced in monocytes by IL-7 (Ziegler et al., 1991; Standiford et al., 1992). Monocytes incubated in IL-7 are stimulated to secrete large quantities of IL-6 as well as IL-1 α , IL-1 β and TNF- α . This response is abrogated by provision of IL-4.

T cell-based immunotherapy has the advantage of increased specificity compared with LAK cell therapy. T-cell tumor lysis has been shown to be MHC restricted when antimelanoma or renal cell cancer reactive MHC class I- or class II-restricted $\alpha\beta^+$ T lymphocytes are examined. Various cytokines, including IL-2 and IL-4, are active in promoting the clonal expansion *in vitro* of T cells while maintaining their tumor lytic activity. IL-7 appears to have similar properties.

IL-7 alone generates modest CTL activity which is augmented by IL-2, IL-6 or IL-4 (Bertagnolli and Herrmann, 1990; Hickman et al., 1990). Removal of CD8⁺ cells results in decreased killing, whereas removal of CD4⁺ cells enhances the CTL response. IL-7 enhances cell proliferation and duration of growth more than IL-2. Allospecific cytotoxicity was maintained for at least 60 days in these cultured cells. Addition of anti-IL-4, anti-IL-2 or anti-IL-6 decreases the proliferation of CTLs in culture (Bertagnolli and Herrmann, 1990; Jicha et al., 1992).

CTLs harvested from draining nodes of tumor-bearing animals and incubated in IL-7 were fourfold more effective than CTLs grown in medium alone in adoptive transfer experiments (Lynch et al., 1991). CTLs incubated in IL-7 and adoptively transferred to mice bearing 3-day pulmonary metastases (MCA tumor) were effective in mediating tumor regression (Jicha et al., 1991).

IL-7 stimulates proliferation of human TILs derived from renal cell carcinoma but only if the TILs are first incubated in either IL-2 alone or in IL-2 plus IL-7. IL-7 stimulates proliferation of CD4⁺ or CD8⁺ TIL lines specific for renal cell carcinoma. IL-7 synergizes with anti-CD3 in the induction of IFN-γ from short-term TIL cultures (Sica et al., 1993). Human T cells harvested from peripheral blood and incubated in IL-7 when restimulated with phorbol ester and ionomycin secrete IL-2, IL-4, IL-6 and IFN-y. This effect was not seen as readily in cultures initiated with IL-2 or IL-4. Both CD4⁺ and CD8⁺ subsets responded by cytokine secretion. Almost all the potential to secrete IL-4 and IL-6 in response to IL-7 preincubation resides within the memory subset as opposed to the naive population (Armitage et al., 1992a). The preceding observations suggested that IL-7, either alone or in conjunction with IL-2, acts to stimulate proliferation and tumor lytic activity in sensitized T cells and therefore may be clinically useful in the immunotherapy of malignancy. The most promising data have come from a study demonstrating that anti-tumor-specific T lymphocytes can be grown and expanded in vitro without restimulation for extended periods (up to 22 months) compared with T lymphocytes grown in IL-2 (Lynch and Miller, 1994). IL-7 alone (Maeurer et al., 1997), admixture of IL-7 to IL-2 and INF-γ appears also preferentially to expand and maintain tumor-specific and MHC class II-restricted CD4⁺ T lymphocytes (Cohen et al., 1993) from tumor-bearing patients.

Of note, some of these tumor-reactive and MHC class II-restricted T lymphocytes secrete IFN- γ preferentially in response to autologous tumor cells (Maeurer *et al.*, 1997). This observation is in concordance with an earlier report demonstrating IL-7-mediated effects in adoptive immunotherapy in human colorectal cancer xenografts in SCID mice.

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Exclusively the combination of IL-7 treatment and passive transfer of human autologous T cells resulted in enhanced survival of mice engrafted with the respective tumors; treatment with IL-7 alone showed no effect. The antitumor effects are correlated with IFN- γ secretion by the passively transferred T cells and not by their cytolytic capability (Murphy et al., 1993). The ability of IL-7 to generate antitumor-directed immune reactivity may also be dependent on the tumor type and availability of T cells capable of recognizing tumor-associated peptides presented either in the context of MHC class I or II molecules. For instance, application of IL-7 resulted in up to a 75% reduction in pulmonary metastases of the murine renal cell cancer line Renca (Komschlies et al., 1994). However, the pharmacokinetics of IL-7 administered to humans have not yet been evaluated. Some toxic side-effects have been observed in mice treated with IL-7 systemically (Komschlies et al., 1994).

However, IL-7 may also be used to restore the immune system in primary or secondary immunodeficiencies (e.g. induced by viral infections or inherited abnormalities, such as Di George syndrome) or after bone marrow transplantation (BMT). For instance, the successful outcome of autologous BMT is limited by susceptibility to infection. As the effective restitution of an immune system does not only require the quantitative replacement of immune cells (usually achieved within 3-4 months after transplantation), the quality of the immune system is often impaired. Since IL-7 has not only growth-promoting but also differentiation effects on both B- and T-cell lymphopoiesis, it may represent an attractive cytokine, potentially in combination with flt3 ligand, to reconstitute a competent immune system. Several studies have addressed this issue. For instance IL-7 treatment of Balb/c mice after syngeneic BMT leads to increased thymic cellularity, increased RAG-1 expression, and to promotion of Vβ8(D)J gene rearrangement of TCRs. The increased 'quality' of IL-7treated mice is reflected in better mitogenic responses of thymic cells and in enhanced cytokine production provoked by influenza virus challenge (Abdul-Hai et al., 1996). Additionally, IL-7 accelerates PBL recovery of mice after cyclophosphamide, 5fluorouracil treatment (Damia et al., 1992) or radiation (Faltynek et al., 1992). Using a metastatic breast cancer model in mice, IL-7 and BMT could significantly prolong survival, presumably due to enhanced immune cell reconstitution after splitdose chemotherapy using cyclophosphamide, cisplatin and nitrosourea (Talmadge et al., 1993).

A more recent study has shown that IL-7 may be able to mobilize long-term reconstituting peripheral CD34⁺ stem cells (Grzegorzewski et al., 1994). Such cells may be useful for stem cell transplantation, or for therapies using CD34⁺ cells either for gene transduction or for maturation in vitro in order to generate potent antigenpresenting cells capable of initiating potent antitumor-directed cellular immune responses. Additionally, development of tumors in older individuals may reflect not only accumulative genetic alternations, but also a decreased capacity of the humoral and cellular immune system to identify and eradicate transformed cells efficiently. Several studies have demonstrated age-related alterations in T and B lymphocytes (Zharhary, 1994). In murine models, the ability of pro-B cells to proliferate in response to stroma cells decreases with age (Stephan et al., 1996). This functional alteration is due to an impaired response of pro-B cells to IL-7, but not to other stroma-associated cytokines, including stem cell factor or insulin-like growth factor (Stephan et al., 1997). The reduced IL-7 responsiveness appears not to be induced by inefficient IL-7R

expression, but by as yet poorly defined intracellular signaling events mediated through the IL-7 receptor complex (Stephan et al., 1997). Thus, IL-7 may not only be implemented for primary or secondary immundeficiency disorders: the functional impairment of the immune system in older individuals may in part be mediated by reduced IL-7-responsive immune cells. Future studies may devise therapeutic strategies to overcome age-related immunodeficiencies which may play a role in decreased immune surveillance.

The effects of locally secreted IL-7 elaborated by genetically engineered tumor cells may be overlapping with some of the effects observed by systemic application. Transfection of cytokine genes into tumor cell lines has been developed as a theoretic strategy to increase the local regional response to the tumor in the hope that a heightened in situ response might translate to an enhanced systemic response, not only to the transfected tumor but also to the non-transfected or wild-type tumor. IL-7 transfection experiments have yielded some provocative results. Transfection of IL-7 into the murine tumor line J5581 leads to tumor rejection in vivo.

CD8⁺ cells were required for long-term tumor eradication, but short-term regression was noted in the absence of CD8⁺ cells. While tumor transfected with IL-2, IL-4, TNF or IFN-y regressed when placed in nude or SCID mice IL-7-transfected tumor required the presence of CD4⁺ cells for regression, and no regression was observed in nude mice bearing tumor transfected with IL-7.

In most of the murine studies, tumors were eventually rejected by the animals, while the *in vitro* growth was not affected by IL-7 (Hock *et al.*, 1991, 1993; Aoki *et al.*, 1992; McBride *et al.*, 1992; Miller *et al.*, 1993; Allione *et al.*, 1994; Tepper and Mule, 1994). It appears that CD8⁺ T cells play a major role in mediating tumor rejection (Hock *et al.*, 1991, 1993; Aoki *et al.*, 1992; McBride *et al.*, 1992; Miller *et al.*, 1993) and that antigenspecific T cells are elicited upon immunization with IL-7-secreting tumor cell lines (Aoki *et al.*, 1992). However, other immune cells may also contribute to antitumor responses, as not just T lymphocytes, but also macrophages, eosinophils and basophils, are present at the site of tumor rejection (Hock *et al.*, 1991; McBride *et al.*, 1992).

A more recent study examined in detail the effects of locally secreted IL-7 and induction of tumor-specific cellular immune responses (Cayeux et al., 1995). In B7transfected mammary adenocarcinoma cells TS/A, T cells showed predominantly CD28+ and CD25- marker expression, in IL-7-transduced tumor cells CD28 and CD25⁺ marker expression, whereas in B7⁺IL7⁺ tumor cells the T-cell infiltrate showed typically CD28+CD25+ expression. The double-transfected tumor elicited a more strong immunity compared with tumor cells expressing IL-7, or B7 alone, or nontransfected tumor cells admixed with Corynebacterium parvum (Cayeux et al., 1995). Human non-small-cell lung cancer cell lines infected with a retroviral construct containing the human IL-7 cDNA show alterations of cell surface expression of molecules (e.g. MHC class I, LFA-3) on co-cultured PBLs favoring antitumor-directed immune responses (Sharma et al., 1996). Thus, IL-7-transfected tumor cells may represent a reasonable vaccine for eliciting a strong antitumor-directed immunity (Möller et al., 1996). IL-7-transfected tumor cells are now actively being scrutinized in the setting of tumor vaccines in Heidelberg, Germany (D. Schadendorf) (Möller et al., 1996) and at the University of California at Los Angeles in the USA (J. Economou).

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SUMMARY

IL-7 is an important lymphopoietin and plays a critical role in both B- and T-cell development. It promotes expansion of T lymphocytes exhibiting antigen-specific reactivity. IL-7 may be implemented to promote strong and effective immune responses directed against tumor cells, or against microbial or viral infection. It may also be useful to restore an effective and functional immune system after bone marrow transplantation. Clinical trials of IL-7 will begin at the University of Pittsburgh and other institutions soon (supplied by the National Cancer Institute).

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